KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

75-Hour Certification Medication Aide Instructor Roster

Initial Roster Instructions: This information must be typed and completed by the instructor. Subm Department of Health and Environment after the candidates have successions.				
Instructor Name:				
Sponsoring School Name:				
Mailing Address:				
Course number Course Begins:/	/Ends:			
Indicate below only the candidates who have successfully completest. The initial certificate will be sent to each candidate. A \$20.00 to Final Roster Instructions: The candidates on this roster satisfactorily completed the Kansas Certificate.	non-refundable fee	is required for	each candidate at this time	٠.
120.				
INSTRUCTOR USE ONLY	Completed Course & Test	Challenge Test	KDADS USE ONLY Number Verified or Assigned	
	1	<u> </u>	<u> </u>	
Authorized Signature, Sponsoring School	Date Te	sted		

RETURN TO: HEALTH OCCUPATIONS CREDENTIALING 612 S Kansas Ave Topeka, KS 66605

Web site: www.kdads.ks.gov/hoc